

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>								SERIAL NO. <i>10/583078</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
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45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.			↓										
TOTAL DEP.			←										
TOTAL CLAIMS													
										↓	↓	↓	
										←	←	←	
										TOTAL IND.			
										TOTAL DEP.			
										TOTAL CLAIMS			